

City of Washington

55 West Maiden Street Washington, PA 15301

Offic	e Use Only
Date:	
Rcd By:	
Fee Rcd:	
Check #:	

ZONING PERMIT APPLICATION Fee\$75.00

ADDRESS: SITE LOCATION: SAX PARCEL ID: TORD GB ED MD D CURRENT USE OF PROPERTY: Residential Single Family Other: PROPOSED IMPROVEMENT OR USE OF PROPERTY: (Attach 1 copy of proposed site plan – Sample on Rear) SETBACKS PROVIDED: Front ()ft Rear ()ft Left ()ft Right ()ft MAXIMUM HEIGHT OF STRUCTURE PROPOSED: ()ft PLEASE CHECK ONE: PERMITTED USE SPECIAL EXCEPTION OTHER (describe): ARE ANY VARIANCES REQUIRED/REQUESTED: NO YES (please attach approvals) Planning Commission Date: Board of Supervisors Date: hereby make application for a zoning permit only for the location and the work described herein and certify to the acc hat information. I further certify I am the property owner, or a duly authorized representative on behalf of the owner(stroperty, and I have read and understand all of the conditions of this permit and will construct the project in compliance has conditions and all applicable Township Ordinances and requirements. DATE: SIGNATURE OF APPLICANT: FOR OFFICE USE ONLY Complete Application Date Received: Plan Approved: Plan Approved: Plan Approved:		E: EMAIL:
PHONE:	PROPERTY OWN	ER:
TAX PARCEL ID: ZONING: C R1 R1A R2 R2A R3 T1 CBD GB ED MD D CURRENT USE OF PROPERTY: Residential Single Family Duplex Multi-Family Commercial / Industrial - Please specify Other: PROPOSED IMPROVEMENT OR USE OF PROPERTY: CETBACKS PROVIDED: Front ()ft Rear ()ft Left ()ft Right ()ft MAXIMUM HEIGHT OF STRUCTURE PROPOSED: ()ft PERMITTED USE CONDITIONAL USE SPECIAL EXCEPTION OTHER (describe): ARE ANY VARIANCES REQUIRED/REQUESTED: NO YES (please attach approvals) PLAN APPROVALS (as applicable): Planning Commission Date: Board of Supervisors Date: hereby make application for a zoning permit only for the location and the work described herein and certify to the acc hot information. I further certify I am the property owner, or a duly authorized representative on behalf of the owner(strongerty, and I have read and understand all of the conditions of this permit and will construct the project in compliance those conditions and all applicable Township Ordinances and requirements. DATE: SIGNATURE OF APPLICANT: FOR OFFICE USE ONLY Complete Application Date Received: Permit #: FOR OFFICE USE ONLY	PHONE:	EMAIL:
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Structure – Please attach a site plan showing location of all existing and proposed structures, and distance from proposed structures to adjoining property lines and other structures.

Fences – Please attach a site plan showing location of fencing and provide height and description of fencing (picket, cyclone, stockade, etc)

Signs – Please attach sign face copy, location, size and any and all pertinent construction information.

